



STATEMENT OF FINAL ACTUAL PROJECT COST

To be filed by the owner upon completion of construction
as required by the California Code of Regulations,
Title 24, Part 1, Section 4-339

DSA File #: _____

DSA Application #: _____

Project Name

District / Owner

Scope of work

Was any scope or were any elements (from the original approved construction documents) not constructed?

☐ No

☐ Yes

Enter a cost greater than or equal to 0 in Lines 1 through 4.

1. Total Original Construction Contract Amount

\$

2. Total Change Order Amount

\$

3. Total Construction Management Amount

\$

4. Final Actual Project Cost

\$

District / Owner's Certification:

I certify, under penalty of perjury, under the laws of the State of California, that the information reported on this form is true and correct.

I certify that the documentation supporting the information reported on this form is available at the district's office for review upon request by the Division of the State Architect (DSA).

Signature of Owner
(See Note Below)

Date

Printed Name and Title

E-mail Address

Telephone Number

Mailing Address

Person signing this form must be one of the following (or hold a district equivalent position): a school district superintendent; community college chancellor; school/community college district chief business officer or chief financial officer.

☐ DSA Oakland Region
1515 Clay Street, Suite 1201
Oakland, CA 94612

☐ DSA Sacramento Region
1102 Q Street, Suite 5200
Sacramento, CA 95814

☐ DSA Los Angeles Region
700 N. Alameda Street, Suite 5-500
Los Angeles, CA 90012

☐ DSA San Diego Region
10920 Via Frontera, Suite 300
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